

**REQUEST FOR LIVE SCAN SERVICE**  
*Applicant Submission*

ORI:     **A1156**     Type of Application:     **EMPLOYMENT**      
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

**CA DEPARTMENT OF SOCIAL SERVICES**

Agency authorized to receive criminal history information

**744 P Street, MS 15-58**

Street No. Street or P.O. Box

**Sacramento CA 95814**

City State Zip

**05613**

Mail Code (five digit code assigned by DOJ)

**Christy Nix**

Contact Name (Mandatory for all school submissions)

**(916) 657-1677**

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female Misc. No. **BIL-** \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service ☒ DOJ ☐ FBI  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

**CA DEPARTMENT OF SOCIAL SERVICES**

Employer Name

**744 P Street, MS 15-58**

Street No. Street or P.O. Box

**Sacramento CA 95814**

City State Zip

**05613**

(Mail Code (five digit code assigned by DOJ))

**(916) 657-1677**

Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_